

Case Number:	CM14-0119022		
Date Assigned:	09/24/2014	Date of Injury:	10/11/2013
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27-year-old male who reported a date of injury of 10/11/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of LS neuritis or radiculitis, sciatica, sprains and strains of the sacroiliac ligament, chronic pain syndrome, and lumbosacral spondylosis without myelopathy. Prior treatments included chiropractic treatment and physical therapy. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of back pain that radiated down to the right leg, describing the pain as an achy, stinging, radiating, cramping, dull, burning, severe, frequent, and rated the pain 8/10. The clinical note dated 08/12/2014 noted the injured worker had palpable trigger points in the gluteus medius and lumbar quadratus region, pain in the lumbar spine, paresthesias along the medial and lateral aspect of the lower left leg. The injured worker's deep tendon reflexes were symmetric and physiologic at 1/4 at the patella and ankles bilaterally. The injured worker's flexion and extension of the knees was 4-/5 on the right and 4+/5 on the left. Ankle plantar flexion, dorsiflexion, inversion, eversion, and extensor hallucis longus were 4-/5 on the right and 4+/5 on the left. The injured worker had a positive SI joint compression test and a positive Slump test. Medications included Lyrica. The treatment plan included a functional restoration program. The rationale was not indicated. The Request for Authorization form was received on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Quazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: The injured worker had complaints of back pain that radiated down to the right leg, describing the pain as an achy, stinging, radiating, cramping, dull, burning, severe, frequent, and rated the pain 8/10. The California MTUS Guidelines state benzodiazepines are not recommended for long term use. Long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. Benzodiazepines are the treatment of choice in very few conditions, and tolerance to hypnotic effects develop rapidly. A more appropriate treatment for anxiety disorder is an antidepressant. The guidelines limit the use of benzodiazepines to 4 weeks. However, the injured worker is noted to have been prescribed quazepam since at least the 05/27/2014 examination, which exceeds the recommended 4 week guideline. Furthermore, there is a lack of documentation the injured worker has anxiety. Additionally, the request as submitted did not specify a frequency for the medication's use. As such, the request for Quazepam 15mg #30 is not medically necessary.

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: The injured worker had complaints of back pain that radiated down to the right leg, describing the pain as an achy, stinging, radiating, cramping, dull, burning, severe, frequent, and rated the pain 8/10. The California MTUS Guidelines indicate proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Risk factors include patients over 65 years of age, patients who have a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. There is a lack of evidence indicating the injured worker has a history of peptic ulcers, GI bleeding or perforations. There is a lack of documentation indicating the injured worker is using aspirin, corticosteroids, and/or anticoagulants with an NSAID to warrant the use of a proton pump inhibitor. Additionally, the request as submitted did not specify a frequency for the medication's use. As such, the request for Omeprazole DR 20mg is not medically necessary and appropriate.